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## **Evaluation of Sacramento County MHSA Three Year Expenditure Plan**

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The following identifies issues for potential oversight by the Commission, specific questions regarding Sacramento County CSS plans to be addressed by the County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, County and the Department of Mental Health.

### **Introduction:**

The Committee commends Sacramento County for their Herculean effort to reach out to and engage the community. Over 18,000 people were reached and consumers and family members represented 50% of the Steering Committee. Forty different stakeholder groups were involved (over 130 programs were proposed by the work groups). The outreach and community education activities were very impressive.

Sacramento County is also to be commended for their compilation of the demographic data and analysis. The information on mental health consumers and family members of all ages, ethnicities, and cultures, as well as information on community need and priorities provide a very good baseline for progress.

However, the very data produced by the county raises questions about the priorities and choices for MHSA-funded programs, particularly the data on both served and unserved children and youth, and some ethnic populations. Overall, the CSS Committee remains concerned regarding the design of most programs that aim to serve consumers and family members of *all* ages and ethnicities. Specific workplans are further addressed below.

### **Consumer and Family Involvement:**

The Committee is concerned at the apparent inadequate participation of youth and of family members of children at the decision-making level as their priorities and expectations were not adequately addressed in the process or reflected in the plans.

The CORE program, for instance, aims to serve youth, adults, and older adults and to reach all of the diverse ethnic constituencies that would likely need access to this

program. It seems to be a reach for this and other programs to adequately serve Latinos (significantly under-represented at homeless shelters), Native Americans (said to be significantly over-represented at homeless shelters) people with disabilities, for instance. The CSS Committee has expressed concerns regarding the county's ability to train, staff, and provide culturally competent services in these wide-reaching programs. The CORE program appears to be an urgently needed service, but it is an example of an extremely ambitious and perhaps over-reaching goal. Specific workplans are further addressed below.

The CSS Committee is concerned that family members of children appear to be unrepresented at the decision-making level. Sacramento County representatives at the DMH/County Review Team meeting did not account for the apparent inadequate participation of youth and of family members of children. The Committee is concerned that their priorities and expectations were not adequately addressed in the process.

Of greatest concern is that the plans submitted do not clearly reflect the priorities of the stakeholder groups and the community at large. In particular, the Sacramento County Mental Health Board did not approve the funding of law enforcement salaries and benefits as part of a PERT team. Additionally, the ratio of opposition to the PERT-2 proposal ran 2:1 at the public hearing. The Committee is concerned that actions may be seen as a breach of trust with the community, and seriously discourages any ongoing involvement and advocacy of stakeholders.

*The plan does not reflect any continued involvement of consumers and family members apart from paid staff or volunteers. An exception is the Transcultural Wellness Center in which consumers and families will be part of a Steering Committee responsible for providing "guidance."*

**Increased ethnic and cultural diversity among consumer and family member participants:**

The plan describes the active participation of over 20 ethnic and racial groups demonstrating a comprehensive outreach effort. The County's outreach effort to the Asian/Pacific Islander Community was impressive, but its outreach to other unserved and underserved communities, including Latinos, Native Americans, LGBTs, and people with disabilities was inadequate. Although the 50% consumer/family participation on the task forces was impressive, most unserved communities were not represented on the Steering Committee. The Transcultural Wellness Center had a great deal of support from the API community. But Latinos and other people from unserved groups expressed great dissatisfaction that their communities were not served by any specific workplan.

The manner with which ethnic/racial minorities are addressed demonstrates only superficial recognition of their needs and includes no specific service targets or goals for those who are underserved (e.g. how will community of 26,000 people who are deaf be reached? Native Americans? Slavic and other refugees who are not API?)

**Fully Served, Underserved/Inappropriately Served, Unserved:**

The Committee appreciates the county's acknowledgement that individuals who had only utilized the crisis unit and/or were hospitalized or/or received psychiatric services in jail or juvenile hall were "unserved" and concurs that the data presented demonstrates a gap

in services between crisis and outpatient services. Unserved populations are identified but are not specifically part of this plan. Targets and specific strategies to reach these groups need to be defined and tracked in future plans.

The plan programs for children and youth were proposed are not in the plan. Children represent 41% of those underserved/inappropriately served, second to adults at 47%. Only about 10 percent of children are reported as “fully served,” and less than four percent of youth are considered “fully served,” (90-96 percent of those in system are inadequately served.) Further, children and youth account for about two-thirds of those the county estimates as unserved altogether. Comments from stakeholders reflected their frustration that the process did not adequately address these needs. Although the county has admirable penetration with EPSDT, there are many children in urgent need of mental health services who are not Medi-Cal eligible and therefore not eligible for EPSDT. The Committee is concerned that the needs of children and youth are not addressed in the plan.

The definitions and data analysis presented clearly reflect the urgency with which the service delivery gaps between the existing service delivery points, between crisis stabilization and on-going services, need to be addressed as well as the engagement strategies that need to be developed underserved.

#### **Wellness/Recovery/Resilience:**

The focus and the priority ranking given to providing stable housing to the 4-6,000 homeless adults in the county with mental illness and for some of the 5,000 homeless children incorporates a wellness/recovery/resilience model. Overall, the programs have adopted a recovery model and begin to move the system towards wellness. The incorporation of the concepts of wellness, recovery and resilience need to be strengthened in their programs – the plans seemed aimed to relieve crises and are focused on the people who are the highest cost to the system, to the exclusion of programs that would serve a broader number of individuals earlier.

#### **Children’s Services**

The plan includes a brief statement about the implementation of Wraparound services for children by Sacramento County six years ago. The plan has been fully implemented and is “not addressed by this plan.” The proposed Sacramento plan is too general with respect to children’s system. Although community issues were addressed with respect to serving underserved racial/ethnic groups of children, the plan fails to provide any programs, with the exception of the Asian Pacific Island Transcultural Center, which will serve all ages and families. This may prove to be an exceptionally effective approach for API children, but plans do not include those of other ethnicities and cultures.

The CSS Committee recommends that Sacramento County consider a viable plan to serve more of the identified “unserved” children and youth and/or provide the necessary services to the overwhelming percentages of those who are now underserved. The county asserts that programs such as the housing development, CORE Program, and Wellness and Recovery Center will serve some children and youth, as will the Transcultural Wellness Center. However, only the latter program is targeted to serve children and youth in specific, culturally appropriate environments, and other unserved/underserved

children and youth will be engaged only through broad-based programs, lacking necessary focus to reach younger people in need of services.

**Program Comments:**

Overall, the Committee is concerned that the county's administrative budget is high at \$1.4 million and 16 positions and encourages the county to re-evaluate their ability to leverage more services.

**Full Service Partnerships**

**SAC2 – Older Adult Intensive Service Program**

This program, modeled after the successful Elder Care Intensive Service Program, which had been funded by a three-year grant, provides specialized multidisciplinary outpatient mental health assessment, cultural formulation, treatment and intensive case management. The description of the joint service planning does not incorporate the consumer and we believe that this is an *unintentional* oversight as this is a central aspect of the MHSA. The Committee is concerned that this program was “de-funded” and encourages the county to reassess the implementation of this program.

**SAC4 – Permanent Supportive Housing Program for Individuals and Families**

The Committee commends the county for their partnership with the private non-profit Sacramento Housing and Re-Development Agency (SHRA). This plan offers a sound housing project that responds to a serious and alarming situation of individuals affected by mental illness who are homeless. The usage of such facility is inclusive of children and families. However, the break down of actual expenses as presented are insufficient to assess suggested cost projections.

The Committee requests that engagement data (contact and provision of housing) be reflected in future updates to ensure that consumers are engaged in a culturally appropriate manner. The county acknowledges the need to address the needs of the Eastern European population and to increase Spanish-speaking staff, but did not spell out plans to achieve this. This program design aims to serve an ethnically diverse population, and to serve 31 children and 31 youth in some family configurations, as well as adults and older adults. The plan does not provide the process by which this will be achieved. The Committee is concerned that the 125 housing units proposed will not serve as transitional housing but will rather evolve into permanent housing. Turnover and transition data is requested to be included in future plans.

**SAC5 – Transcultural Wellness Center**

The Transcultural Wellness Center reflects an admirable community undertaking. The inclusion of all age groups underscores the emphasis on family and allows for the flexibility required to work successfully with the community. The intergenerational approach, family-oriented treatment modalities, and comprehensiveness of programs to be offered reflects ownership by the community to be served. Integrated services, linkages to other services, social and recreational services, youth leadership, and family-focused are all assets to this program. The Committee requests that the county track their interactions and effectiveness with other system partners (CPS & APS). The Committee requests that the county carefully monitor the utilization and effectiveness of the natural healers and cultural rituals – might be interesting to track as it may merit promotion to other counties.

## **General System Development Programs:**

### **SAC1 – Transitional Community Opportunities for Recovery and Engagement (CORE)**

This program will be provided to “individuals who are currently receiving services in the acute care system (i.e. MHTC, local acute psychiatric hospital, crisis stabilization unit and crisis residential programs,” or at risk.) *This program should be carefully monitored to work with consumers from a “strength-based” service approach to better contribute to the reduction of harmful stigma, and to be more consistent with recovery models.*

Sixty percent of individuals hospitalized at Sacramento County Mental Health Treatment Center (MHTC) were not linked to outpatient services upon discharge. This program would address that need and will be modeled after ACT. The plan reflects that the consumers who are referred for services have to wait three months to access services from a regional support team. The implementation of this plan should close the gap between services and reflect decreases in rehospitalizations. The plan aims to serve youth, adults, and older adults of all ethnicities, but lacks detail to achieve such ambitious objectives. The Committee is concerned about the capacity of the county to continue to provide necessary services after linkage with a regional center

### **SAC6 – Wellness and Recovery Center**

Clients will develop a Wellness and Recovery Action Plan (WRAP) that will be guided by the principles of recovery and offers a very broad array of services and programs. The Committee is concerned over the program’s viability and sustainability given its \$400,000 reduction in budget to offset the additional costs for PERT. The county also identifies this program as serving people of all ages and ethnicities. The CSS Committee will want to see details of this program and its success in attracting youth, older adults, and ethnically diverse communities. There is little information regarding capacity to do this, but if successful, the program could be an opportunity for others to acquire skills and techniques.

### **SAC7 – PERT-2**

*Per the Attorney General Opinion No. 06-209, law enforcement salaries, benefits and police equipment cannot be funded by MHSF funds. Additionally, the proposed model is not an evidence-based practice, as the PERT won’t be the initial responder, but a second responder called by the police officer initially responding. Although there is a good evidence base for a true PERT, this plan does not reflect that. Further, the Committee shares the sentiments expressed by many of the constituents who would like to see the first responder have the necessary expertise to manage a potentially volatile situation and for there to be greater cross-systems training.*

***Based on these issues, the CSS Committee of the Oversight and Accountability Commission urges the Department of Mental Health to deny funding for this PERT program.***

### **Education and Training and Workforce Development**

The plan includes a significant number of new positions of consumers, family members and volunteers. The plan is consistent in addressing the need to hire bilingual/bicultural personnel. Much of the plan is contingent upon being able to hire bilingual/bicultural

staff (though pay differentials were not noted). All plans include the utilization of consumers and/or family members as paid staff or as volunteers with stipends. The Committee recommends that supportive employment plans for consumers and family members be developed.

**Are cultural competency goals included in the plan? Assess the adequacy of plans to achieve cultural competency.**

Cultural competency is an important issue in Sacramento with well over 20 distinct ethnic groups represented. Special efforts are made to address the needs of individuals of Asian descent, but the proposed plan does not demonstrate the ability to respond to Latino populations, as was reflected by written stakeholder input. It is important that the County increase their staff language capacity in both Spanish and Cantonese. The majority of their plans hinges on the recruitment of bilingual/bicultural staff and do not reflect much else that is specific, other than the Multicultural Wellness Center. Future plans should include and reflect the comprehensive integration of cultural norms to reach out to other unserved populations as well as the Multicultural Wellness Center does. The plan refers to the utilization of CBOs to help meet the needs of their ethnically diverse population however no specific goals were described. The Committee encourages the County to elaborate and infuse the county's existing cultural competency plan.

**Collaboration:**

The plan includes many governmental agencies that will provide consultation and support, but no agency appears to have a central collaborative role that may be essential to the success of the plan. Community agencies are not described in a manner suggesting that referrals and consultation will flow in both directions. There was evidence of cross-systems collaboration throughout the planning process and the proposed plans strive to provide greater integration of services (except for children and TAY, as no program was proposed). *However, it must be noted that the comments of several stakeholders reflect a process that appeared to be collaborative at the outset, but one that was circumvented by special interest groups.* The County is encouraged to maintain on-going community engagement and review of the entire plan and to develop an oversight/advisory board for the entire plan, similar to the board proposed for the Transcultural Wellness Center.

Sacramento County utilizes many non-profit, local agencies to provide mental health services to the underserved and unserved ethnic communities. The county appears to need to develop its expertise to address the needs of these underserved and unserved ethnic communities, and to develop stronger alliances with the appropriate associations, churches, tribal leaders, etc. that can help to achieve this goal.

**Is there a plan for future plan revisions? Is there evidence of ongoing stakeholder involvement in planning?**

*There is no mention of future revision or ongoing involvement of stakeholders included in the proposed plan.*

## CONCLUSION

The overarching question for the Oversight and Accountability Commission is: “How will the three-year CSS plan move your county system forward to meet the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?” **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.